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INSTRUCTIONS

TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06510

CERTIFICATE OF DEATH

6522

Reg. Dist. No. 252

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Queen Anne's</i>		MARYLAND		STATE <i>Maryland</i>		COUNTY <i>Queen Anne's</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Rural Centerville</i>		LENGTH OF STAY (In this place) <i>2 months</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Queen Anne</i>		TOWN <i>Queen Anne</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location) <i>1</i>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <i>CHARLES</i> (Middle) <i>EDGAR</i> (Last) <i>CANNON</i>				(Month) <i>June</i> (Day) <i>3</i> (Year) <i>1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 5-1869</i>	9. AGE last birthday <i>86</i> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired (owner) Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Caroline & Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Nutter Cannon</i>				14. MOTHER'S MAIDEN NAME <i>Sara Satterfield</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-22-6231</i>		17. INFORMANT & ADDRESS <i>Mr. Hill Anthony, Centerville, Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
450a. IMMEDIATE CAUSE (A) <i>Ischemic Left. Ventr.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>7 hours</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arterio-Sclerosis</i>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 3, 1956</i> to <i>June 3, 1956</i> , that I last saw the deceased alive on <i>June 3, 1956</i> and that death occurred at <i>3:15</i> M, from the causes and on the date stated above.							
SIGNATURE <i>J. J. Ingham</i>				ADDRESS (Street, city, town, state) <i>Centerville, Md. 21545</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>June 5-56</i>		NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>		LOCATION (City, town, or county) (State) <i>Nellstare Maryland</i>	
24. REC'D BY REGISTRAR DATE <i>6-4-56</i>		REGISTRAR'S SIGNATURE <i>Elvie Armstrong</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. Ingham</i>		ADDRESS <i>Centerville, Maryland</i>	

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Newport Green Cove

James C. Brown
James C. Brown

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 William White
 June 2-1869 86
 Charles Edgar Cannon
 June 2 26

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1956 8 Nov.

RECEIVED

June 27th 1890
Hillside, Maryland.
Dear Mr. [illegible]

1

INSTRUCTIONS

TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6523

CERTIFICATE OF DEATH

06511

Reg. Dist. No. 251

1. PLACE OF DEATH COUNTY <u>Queen Anne's</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Church Hill</u> TOWN <u>Church Hill</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Church Hill</u> TOWN <u>Church Hill</u> STREET ADDRESS (If rural give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Philip</u> (Middle) <u>Lee</u> (Last) <u>Holder</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>30</u> (Year) <u>1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 17, 1935</u>
9. AGE last birthday <u>20</u> yrs.		10. IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u>	11. IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am</u>	
13. FATHER'S NAME <u>Franklin Holder</u>		14. MOTHER'S MAIDEN NAME <u>Martha M Ingram</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT & ADDRESS <u>Church Hill Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
751X IMMEDIATE CAUSE (A) <u>Increased Intracranial Pressure 2 weeks</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hydrocephalic</u>			<u>1 1/2 mo</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Spina Bifida</u>			<u>1 1/2 mo</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> 21f. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>Oct 17, 1955</u> to <u>June 30, 1956</u> that I last saw the deceased alive on <u>June 29, 1956</u> and that death occurred at <u>7:30</u> A.M. from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		ADDRESS (Street, city, town, state) <u>Centreville</u>	
DATE <u>7-2-56</u>		DATE SIGNED <u>7-2-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>7/3/56</u>	
24. REC'D BY REGISTRAR		NAME OF CEMETERY OR CREMATORY <u>TEMPLEVILLE CEM.</u>	
REGISTRAR'S SIGNATURE <u>Edgard L. Lane</u>		LOCATION (City, town, or county) <u>TEMPLEVILLE</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Holloway</u>		ADDRESS <u>MD.</u>	

CERTIFICATE OF DEATH

REG. CODE NO.

NEAREST RELATIVE'S HOME OR OFFICE

DATE

PLACE

TIME

CAUSE

AGE

SEX

COLOUR

EDUCATION

RELIGION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF CREMATION

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 252

6524

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Centerville</u>				c. LENGTH OF STAY IN 1b <u>all his life</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS <u>Centerville</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>SAMUEL CARLTON JUMP</u>				4. DATE OF DEATH Month Day Year <u>June 11 - 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 23 - 1909</u>	
9. AGE in years last birthday <u>46</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (State or foreign country) <u>State Road Comm. Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Barnes Jump</u>				14. MOTHER'S MAIDEN NAME <u>Fluence E. Johnson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>WWII</u>		16. SOCIAL SECURITY NO. <u>213-18-4621</u>		17. INFORMANT Address <u>Paul Jump - Centerville Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Found dead in hotel room - he had</u> <u>322.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>been drinking & fell in corner of room on</u> DUE TO (c) <u>his face & asphyxiated</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>W. Henry Fisher</u>				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>			
EXAMINER'S NAME (Type)				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED <u>6/11-56</u>			
22a. BURIAL, CREMATION, or other disposal (Specify)		22b. DATE THEREOF <u>June 13-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Centerville</u>		22d. LOCATION (City, town, or county) (State) <u>Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Burt B. H. W. Burt B. H. W. Burt B. H. W.</u>				24a. REC'D BY REGISTRAR <u>6-13-56</u>		24b. REGISTRAR'S SIGNATURE <u>Elmer Armstrong</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

[Faint handwritten notes at the bottom of the page, possibly "JUN 1968" and "Lester"]

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BUREAU V. S.

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RECEIVED

Contractors' Handbook

Exhibit for the State of New York
In the Matter of the People vs. John Doe
John Doe, Defendant
Jury Trial
June 13-26, 1900
New York City

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6525

CERTIFICATE OF DEATH

06513

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY Queen Annes MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS "Spencers Landing"			
3. NAME OF DECEASED (Type or print) First ANNE Middle B. Last MARSH				4. DATE OF DEATH Month June Day 13 Year 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1912		9. AGE (In years last birthday) 44 yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Benner				14. MOTHER'S MAIDEN NAME Sophia			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Charles E. Marsh, Centreville, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterus 174X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) + liver DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from Jan 5, 1956 , to June 13, 1956 , that I last saw the deceased alive on June 5, 1956 , and that death occurred at _____ M, from the causes and on the date stated above.							
ACTUAL SIGNATURE W. Henry Fisher				ADDRESS (Street, city or town, state) Centreville Md			
PHYSICIAN'S NAME (Type)				DATE SIGNED 6/13-56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 15, 1956		22c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery		22d. LOCATION (City, town, or county) (State) Baltimore, Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. J. Fisher & Sons, Inc. Baltimore, Md.				24a. REC'D BY REGISTRAR DATE 6-15-56		24b. REGISTRAR'S SIGNATURE Clare Armstrong	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

BUREAU V. S.

JUN 15 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06514

6526

CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH o. COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Wilma Middle Seward Last Palmer		4. DATE OF DEATH Month June Day 20 Year 19 56	
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1877
9. AGE (In years lost birthday) yrs. 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel Seward		14. MOTHER'S MAIDEN NAME Mary Goldsborough	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 220-34-747	
17. INFORMANT Mrs. Hill Hoxter--Chester, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) hypertensive cardio-vascular disease DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH June 20, 1956 5 years 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) bronchial asthma attacks (allergic) 15 yrs		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Nat while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from March 10, 1934 to June 20, 1956 ; that I last saw the deceased alive on June 20, 1956 , and that death occurred at 12:20 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Theodor Sattelmair		ADDRESS (Street, city or town, state) Stevensville	
PHYSICIAN'S NAME (Type) Theodor SATTELMAYER		DATE SIGNED June 21, 1956	
22a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		22b. DATE THEREOF June 22	
22c. NAME OF CEMETERY OR CREMATORY Stevensville		22d. LOCATION (City, town, or county) (State) Stevensville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Md.	
24a. REC'D BY REGISTRAR June 22-56		24b. REGISTRAR'S SIGNATURE Elizabeth Hoxter	

BUREAU V. 31

BUREAU V. 31

JUN 26 1956

RECEIVED
JUN 26 1956

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06515

6527 CERTIFICATE OF DEATH

Reg. Dist. No. 254

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH COUNTY <u>QUEEN ANNE'S</u> MARYLAND CITY OR TOWN <u>Bass River</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u> CITY OR TOWN <u>Bass River</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>JOHN MCFEELEY PERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>April 25-1867</u>
9. AGE last birthday <u>89</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Queen Anne's Co Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Robert H Perry</u>		14. MOTHER'S MAIDEN NAME <u>Mary E Bryan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT & ADDRESS <u>Mr Hugh Perry Centurich Md</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>450.0 IMMEDIATE CAUSE (A) acute pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one week</u>	
ANTECEDENT CAUSE(S) DUE TO <u>acute congestive heart failure</u>		<u>10 days</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>Arteriosclerosis general</u>		<u>10 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>adenoma benign of prostate. Prostatectomy done</u>		<u>1950</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21a. INJURY OCCURRED While at work Not while at work		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 10, 1952</u> to <u>June 18, 1956</u> ; that I last saw the deceased alive on <u>June 18, 1956</u> , and that death occurred at <u>3:20 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>Theodor Sattelmaier</u>		ADDRESS (Street, city, town, state) <u>Stevensville</u>	
DATE SIGNED <u>June 19, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>June 21-56</u>	NAME OF CEMETERY OR CREMATORY <u>Chestfield</u>	LOCATION (City, town, or county) (State) <u>Centurich Maryland</u>
24. REC'D BY REGISTRAR <u>Helen M. Aldridge</u>	REGISTRAR'S SIGNATURE <u>Helen M. Aldridge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Howard Gault</u>	ADDRESS <u>Centurich Md.</u>

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 17

THIS ONE

Maryland
Baltimore

DOCTOR HANES
Baltimore

John McFeeley Perry
June 18 1956
Robert H. Perry
The Highways Bureau
Maryland
N.A.

BUREAU V. S.

JUN 25 1956

RECEIVED

General
June 15 1956
The Highways Bureau
Maryland

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6528 tem 12, Film G199 7-3-56 et.

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Queen Anne</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marydel R Fk</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marydel R Fk</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>J</u> Last <u>Thole</u>		4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 3-1901</u>
9. AGE (In years last birthday) <u>54</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm + mill</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Don't know</u>	
14. MOTHER'S MAIDEN NAME <u>Don't know</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>087-10-926</u>		17. INFORMANT <u>John Paimere - Marydel R Fk</u> Address <u>MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Found dead in Rye field - had been on</u> <u>434.3</u> DUE TO (b) <u>as drunk 3 days - last seen alive Thursday night</u> DUE TO (c) <u>Evidently a heart condition</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour <u> </u> a. m. <u> </u> p. m. <u> </u> 19 <u> </u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>W. Henry Fisher</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL CREMATION, REMOVAL (Specify) <u>Buried</u>	22b. DATE THEREOF <u>6/27/1956</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Millington Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Millington MD</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Bellows</u>		24a. REC'D BY REGISTRAR <u>Edgar L. Lane</u>	
ADDRESS <u>Millington Md.</u>		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1001
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
 MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 10

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION	
6. PLACE OF BIRTH		7. DATE OF BIRTH		8. DATE OF DEATH		9. TIME OF DEATH		10. PLACE OF DEATH	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. SIGNATURE OF EXAMINER		14. SIGNATURE OF WITNESS		15. SIGNATURE OF CORONER	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF NURSE		18. SIGNATURE OF CHAPLAIN		19. SIGNATURE OF MINISTER		20. SIGNATURE OF OTHER	
21. SIGNATURE OF JUDGE		22. SIGNATURE OF CLERK		23. SIGNATURE OF SHERIFF		24. SIGNATURE OF DEPUTY SHERIFF		25. SIGNATURE OF CONSTABLE	
26. SIGNATURE OF JURY		27. SIGNATURE OF VERDICT		28. SIGNATURE OF COURT		29. SIGNATURE OF JUDGE		30. SIGNATURE OF CLERK	
31. SIGNATURE OF SHERIFF		32. SIGNATURE OF DEPUTY SHERIFF		33. SIGNATURE OF CONSTABLE		34. SIGNATURE OF JURY		35. SIGNATURE OF VERDICT	
36. SIGNATURE OF COURT		37. SIGNATURE OF JUDGE		38. SIGNATURE OF CLERK		39. SIGNATURE OF SHERIFF		40. SIGNATURE OF DEPUTY SHERIFF	
41. SIGNATURE OF CONSTABLE		42. SIGNATURE OF JURY		43. SIGNATURE OF VERDICT		44. SIGNATURE OF COURT		45. SIGNATURE OF JUDGE	
46. SIGNATURE OF CLERK		47. SIGNATURE OF SHERIFF		48. SIGNATURE OF DEPUTY SHERIFF		49. SIGNATURE OF CONSTABLE		50. SIGNATURE OF JURY	
51. SIGNATURE OF VERDICT		52. SIGNATURE OF COURT		53. SIGNATURE OF JUDGE		54. SIGNATURE OF CLERK		55. SIGNATURE OF SHERIFF	
56. SIGNATURE OF DEPUTY SHERIFF		57. SIGNATURE OF CONSTABLE		58. SIGNATURE OF JURY		59. SIGNATURE OF VERDICT		60. SIGNATURE OF COURT	
61. SIGNATURE OF JUDGE		62. SIGNATURE OF CLERK		63. SIGNATURE OF SHERIFF		64. SIGNATURE OF DEPUTY SHERIFF		65. SIGNATURE OF CONSTABLE	
66. SIGNATURE OF JURY		67. SIGNATURE OF VERDICT		68. SIGNATURE OF COURT		69. SIGNATURE OF JUDGE		70. SIGNATURE OF CLERK	
71. SIGNATURE OF SHERIFF		72. SIGNATURE OF DEPUTY SHERIFF		73. SIGNATURE OF CONSTABLE		74. SIGNATURE OF JURY		75. SIGNATURE OF VERDICT	
76. SIGNATURE OF COURT		77. SIGNATURE OF JUDGE		78. SIGNATURE OF CLERK		79. SIGNATURE OF SHERIFF		80. SIGNATURE OF DEPUTY SHERIFF	
81. SIGNATURE OF CONSTABLE		82. SIGNATURE OF JURY		83. SIGNATURE OF VERDICT		84. SIGNATURE OF COURT		85. SIGNATURE OF JUDGE	
86. SIGNATURE OF CLERK		87. SIGNATURE OF SHERIFF		88. SIGNATURE OF DEPUTY SHERIFF		89. SIGNATURE OF CONSTABLE		90. SIGNATURE OF JURY	
91. SIGNATURE OF VERDICT		92. SIGNATURE OF COURT		93. SIGNATURE OF JUDGE		94. SIGNATURE OF CLERK		95. SIGNATURE OF SHERIFF	
96. SIGNATURE OF DEPUTY SHERIFF		97. SIGNATURE OF CONSTABLE		98. SIGNATURE OF JURY		99. SIGNATURE OF VERDICT		100. SIGNATURE OF COURT	

BUREAU V. S.

JUN 29 1956

RECEIVED